FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

V34.25

APPROVED AND FILED
'95 APR 26 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29748** (1)

1. Corporation Name
LINCOLN E.C.W. PARTNERS, INC.

Principal Place of Business	Mailing Address
1505 FEDERAL STREET P. O. BOX 1920 DALLAS TX 75221-6920	1505 FEDERAL STREET P. O. BOX 1920 DALLAS TX 75221-6920

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 75-2333288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☒ Change ☐ Addition
NAME	POGUE, MACK	1.2 NAME		
STREET ADDRESS	1505 FEDERAL STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	BYRNE, TIMOTHY	2.2 NAME		
STREET ADDRESS	1505 FEDERAL STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	JACKS, DAN	3.2 NAME		
STREET ADDRESS	1505 FEDERAL STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	VST	4.1 TITLE		☒ Change ☐ Addition
NAME	WALLIS, MARK W.	4.2 NAME		
STREET ADDRESS	1505 FEDERAL STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	GRANT, BILLY J.	5.2 NAME		
STREET ADDRESS	1505 FEDERAL STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V	6.1 TITLE		☒ Change ☐ Addition
NAME	DEBAPTISTE, MARC	6.2 NAME		
STREET ADDRESS	1505 FEDERAL STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS FL	6.4 CITY-ST-ZIP	Dallas, TX 75201	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: W. Mark Wallis/Secretary 4-12-95 214-740-4440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0382943 CP